

CLAIMS ONLY

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
2		1					
3	1						
4		1					
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TOTAL IND.	1		↓		↓		↓
TOTAL DEP.	5		←		←		←
TOTAL CLAIMS	5						

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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TOTAL IND.			↓		↓		↓	
TOTAL DEP.			←		←		←	
TOTAL CLAIMS								

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS